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Barriers for Nurses to use
the Hendrich II Fall Risk Model
to Plan Preventive Care

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for the degree of
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Abstract

Background
Falls are an unacceptable cost to the patient and their family/whānau and to the health care environment. A risk assessment tool to identify which hospital in-patients have a high risk of a fall enables staff to implement targeted fall prevention strategies. The tool should have good specificity and sensitivity, be clear and quick to complete and be acceptable to the staff members who use it. This study aimed to identify barriers for nurses and midwives using the Hendrich II Fall Risk Model.

Method
A non-experimental descriptive survey design was selected to explore the research questions. The validated questionnaire, the Barriers and Facilitators Assessment Instrument, was used to identify the barriers for nurses and midwives (n = 404) from medical, surgical and obstetric settings, in five hospitals and two continuing care facilities in one New Zealand District Health Board.

Results
An overall response rate of 31% was achieved. The barriers found were insufficient supportive staff, a lack of equipment, poor design of space, the specificity and flexibility of the Hendrich II Fall Risk Model, lack of care provider knowledge and motivation and that patients do not cooperate with their falls prevention plan. Results demonstrated that respondents work according to procedures, are able to adapt their practice to incorporate new routines and use the Hendrich II Fall Risk Model as a beginning point for falls prevention planning. Analysis of the responses of nurses in medical and surgical areas was different from responses from hospital staff in outpatient, paediatric, obstetric and emergency department areas.

Conclusion
The study identified a number of barriers to the use of the Hendrich II Fall Risk Model. The recommendations to the District Health Board included professional development for nurses about how to incorporate clinical judgment as part of falls risk assessment, to improve patient education regarding falls prevention, to review the Upright training and use other methods of assessing falls risk in specific areas of practice. Further research into acceptable tools to assess risk is required in short stay, outpatient clinics, paediatric and obstetric areas.
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Contents
Abstract ........................................................................................................................................ ii
Acknowledgements ......................................................................................................................... iii

Chapter One – Introduction ................................................................................................................. 1
1.1 Introduction ................................................................................................................................. 1
1.2 Background ................................................................................................................................. 2
1.3 A model for the study .................................................................................................................. 8
1.4 The aim and research questions of the study ............................................................................ 9
1.5 Summary of chapters .................................................................................................................. 9
1.6 Conclusion ................................................................................................................................. 10

Chapter Two – Literature Review .................................................................................................... 11
2.1 Introduction ................................................................................................................................. 11
2.2 Search strategy .......................................................................................................................... 11
2.3 Prevention planning .................................................................................................................... 12
2.4 Risk assessment tools ............................................................................................................... 13
2.5 Risk factors of the patient ......................................................................................................... 19
2.6 Care provider characteristics ..................................................................................................... 22
2.7 Context ...................................................................................................................................... 26
2.8 Adoption of a risk assessment tool ........................................................................................... 32
2.9 Conclusion ................................................................................................................................. 35

Chapter Three - Research Design ................................................................................................... 37
3.1 Introduction ................................................................................................................................. 37
3.2 Survey design .............................................................................................................................. 37
3.3 Measures .................................................................................................................................. 39
3.4 Participants ................................................................................................................................. 43
3.5 Procedures ................................................................................................................................. 44
3.6 Data analysis .............................................................................................................................. 45
3.7 Ethical considerations ............................................................................................................... 46
3.8 Conclusion ................................................................................................................................. 48
Chapter Four – Results .................................................................................................................. 49
  4.1 Introduction ..................................................................................................................... 49
  4.2 Sample characteristics ................................................................................................. 49
  4.3 Summary of barriers ................................................................................................. 52
  4.4 Barriers identified for research questions ............................................................... 57
  4.5 Gamma correlation analysis ................................................................................. 65
  4.6 Safety culture and delegation questions ................................................................. 65
  4.7 Conclusion ................................................................................................................ 66

Chapter Five – Discussion ................................................................................................. 68
  5.1 Introduction ................................................................................................................ 68
  5.2 Research question 1 ................................................................................................. 69
  5.3 Research question 2 ................................................................................................. 71
  5.4 Research question 3 ................................................................................................. 72
  5.5 Research question 4 ................................................................................................. 73
  5.6 Research question 5 ................................................................................................. 75
  5.7 Limitations of study ................................................................................................. 76
  5.8 Recommendations ................................................................................................. 77
  5.9 Further research ...................................................................................................... 80
  5.10 Concluding statement ............................................................................................ 81

References ..................................................................................................................................... 83

Appendices ................................................................................................................................... 99
Appendix 1 Hendrich II Fall Risk Model .................................................................................. 97
Appendix 2 Information Sheet .................................................................................................. 99
Appendix 3 Survey questionnaire including demographic questions ..................................... 100
Appendix 4 Permission to use Barriers and Facilitators Assessment Instrument ..................... 103
Appendix 5 Category, characteristic and survey questions .................................................... 104
Appendix 6 Ethical approval ............................................................................................... 106
Appendix 7 Māori consultation .......................................................................................... 107